

LEAD AND COPPER SAMPLING PLAN

*Please type or print clearly using black ink and **attach a sample location site plan***

PWS ID #: _____ PWS Name: _____ City/Town: _____
Telephone #: (____) _____ Population: _____ # Samples required: _____ ☐ Standard Plan ☐ Reduced Plan

| # | Sample Category (Tier) | SAMPLE | | | How will the sample be collected? Check one (✓) | | | |
|----|------------------------|--|---------------------------|----------------|---|------------------------|-----|-------|
| | | PRIMARY ¹ Site Address | Location Check one (✓) | | PWS | Homeowner/ Resident | Lab | Other |
| | | | K ² | B ³ | | | | |
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| | | ALTERNATIVE SAMPLE SITES ^{1*} | | | | | | |
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| | | SCHOOLS ⁴ | | | | | | |
| 1 | N/A | | | | | | | |
| 2 | N/A | | | | | | | |

If any of the above sites are not Tier 1 sites in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.06B my signature below indicates that Tier 1 sites were not available and that I have provided MassDEP with a "materials survey" and have complied with 310 CMR 22.06B(7). I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized public water system party: _____ Date: ____/____/____

Name of authorized party (PRINT): _____ Title: _____

Telephone #: _____ Mobile/cell #: _____ Fax #: _____ Email Address: _____

¹During any monitoring period no MassDEP approved sample site shall be sampled more than once without prior written approval from MassDEP."

² Kitchen; ³ Bathroom; ⁴ The attached list of schools and daycare centers will be used to provide four samples per monitoring period until all facilities are sampled or as otherwise determined by MassDEP.

* Alternative Sites (These sites are not included in the samples required and must be approved by MassDEP prior to use in any sample round.)

For MassDEP use: ☐ Approved ☐ Deficient/Disapproved

Comments: _____

MassDEP staff Name: _____ Date: _____

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**LEAD AND COPPER SAMPLING PLAN - LIST OF ALL SCHOOLS AND DAYCARE CENTERS
(with 25 or more consumers) SERVED BY THE DISTRIBUTION SYSTEM**

Please type or print clearly using black ink

PWS ID #: _____ PWS Name: _____ City/Town: _____

| # | Name of school/daycare center | Address | Was this school previously sampled by the PWS? Yes or no | What was the date of the last sample? |
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Please make additional sheets as necessary.

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